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FACSIMILE TRANSMITTAL

TO:**Name:** Mail Stop AF
Group Art Unit 3733/Examiner Richard R.
Shaffer**Firm:** U.S. Patent & Trademark Office**Fax No.:** 571-273-8300**Subject:** U.S. Patent Application No. 10/802,906

Gary K. Michelson

Filed: March 17, 2004

ORTHOPEDIC IMPLANT WITH LOCKING
ELEMENT (AS AMENDED)

Attorney Docket No. 101.0058-03000

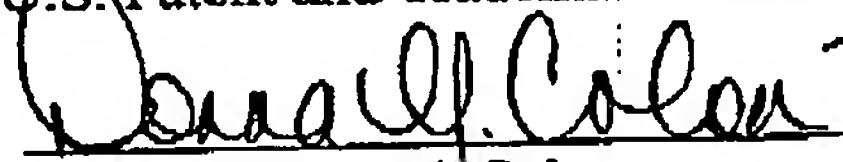
Customer No. 22882

Confirmation No.: 5309

FROM:**Name:** Amedeo F. Ferraro**Phone No.:** 310-286-9800**No. of Pages (including this):** 23**Date:** August 7, 2006**Confirmation Copy to Follow:** NO

Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; total amount of \$580 to cover the \$450 two-month extension fee and the \$130 Terminal Disclaimer fee is to be charged to Deposit Account No. 50-3726) and Amendment After Final with Exhibit A attached thereto, and Terminal Disclaimer are being facsimile transmitted to the U.S. Patent and Trademark Office.

Dated: August 7, 2006
Donna M. Colon

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FORM PTO-1083

Attorney Docket No.: 101.0058-03000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Gary K. Michelson

Serial No: 10/802,906

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Confirmation No.: 5309

Art Unit: 3733

Examiner: Richard R. Shaffer

Mail Stop: AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action dated March 20, 2006 in the above-identified application.

☐ No additional fee is required.☒ Terminal Disclaimer

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	35	-	35	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	1	.	3	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
TOTAL						\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

-- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

--- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ The total amount of \$580.00 to cover the \$450.00 two-month extension fee and the \$130.00 Terminal Disclaimer fee is to be charged to Deposit Account No. 50-3726.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.☐ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

By:

Amedeo F. Ferraro

Registration No. 37,129

Date: August 7, 2006

1557 Lake O'Pines Street, NE

Hartville, Ohio 44632

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INDEPENDENT CLAIMS FEE	1	-	3	0	LG=\$200 SM=\$100	\$200	\$ 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0	
TOTAL							\$	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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Transmittal of Amendment